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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31666

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 100

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Holden (Rural) 0 (If outside city or town limits, write "RURAL")
(d) Street No. Route #6 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country xxxx

3. (a) PRINT FULL NAME Barbara Lee Cox

3. (b) If veteran, name war xxxx
3. (c) Social Security No. xxxx

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced infant

6. (b) Name of husband or wife xxxx
6. (c) Age of husband or wife if alive xxxx years

7. Birth date of deceased September 3, 1947 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	1	hr. min.

9. Birthplace Holden (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation infant

11. Industry or business xxxx

FATHER
12. Name Mondell Estille Cox 0
13. Birthplace Johnson County, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Watts Cox
15. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mondell E. Cox
(b) Address Holden Mo, Route #6

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) Sept. 6, 1947 (Date received local registrar) (b) Savannah Greenfield (Registrar's signature) 114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1947 hour 1:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept 4th, only, 1947, to , 19 ;
that I last saw her alive on Sept 4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Volvular Heart trouble	
Due to Prematurity	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 9/6/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3434

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.